


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

<b>DOCUMENT # A99000000804</b>	
1. Entity Name <b>GALLERIA PORTOFINO PARTNERS, LTD.</b>	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 23 AM 10:42

Principal Place of Business <b>671 WEST FRONT STREET, SUITE 220 CELEBRATION FL 34747</b>	Mailing Address <b>671 WEST FRONT STREET, SUITE 220 CELEBRATION FL 34747</b>
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1ST MOORE CR2E003 (10/04)

2. Principal Place of Business <b>170 Sunport Lane</b> Suite, Apt. #, etc. <b># 900</b>	3. Mailing Address <b>170 Sunport Lane</b> Suite, Apt. #, etc. <b># 900</b>
City & State <b>Orlando FL</b>	City & State <b>Orlando FL</b>
Zip <b>32809</b>	Country

4. FEI Number <b>59-3602959</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>GOMEZ, OCTAVIO 671 WEST FRONT STREET, SUITE 220 CELEBRATION FL 34747</b>
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	9. Capital Contributions as Shown on record. <b>\$1,250,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>P99000027432 GALLERIA PORTOFINO, INC. 671 WEST FRONT STREET, SUITE 220 CELEBRATION FL 34747</b>
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	<b>170 Sunport Lane, Suite 900 Orlando FL 32809</b>
STREET ADDRESS CITY-ST-ZIP	<b>700049451537 03/30/05 01005 003 \$4535.00</b>
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STREET ADDRESS CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**  **3/19/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE